MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	✓					
2		✓				
3						
4		✓				
5		✓				
6						
7	—	—				
8		✓				
9						
10		✓				
11	—	—				
12						
13		✓				
14						
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17		✓				
18		✓				
19		✓				
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23		✓				
24	✓					
25	✓					
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50						
TOTAL IND.	3					
TOTAL DEP.	21					
TOTAL CLAIMS	24					

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2RD AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						